ANNEXURE V

F M C NETWORK UAE

P. O. BOX: 50430, DUBAI, Tel – 04 3871900, Fax – 04 3977842
Email – approval@fmchealthcare.ae Helpline Number: 600-565691

Medical Expenses Claim form

Date: 24-Oct-2023
Clinic Name: Irham Medical Center Arjan Emirates: 784-2005-0983639-9
Card Holder's Name: RUPINDER KAUR BANSAL Age: 18Y - 0M - 28D Sex: Female
Card Holder's Tel No: Mobile No: 0504984722
Ins Card No: I011-010-115974673-01 Valid Upto: 13/8/2024
Company Name: FMC NETWORK UAE Employee No: _____Nationality:Indian

Clinical Details: Temp37.1 B.P.100 Pulse. 92
Signs & Symptoms: Risk of Fall
Date of Onset Illness : ◯ Emergency ◯ Work related ◯ New visit ◯ Follow
Diagnosis: J20.9 - Acute bronchitis, unspecified, J01.00 - Acute maxillary sinusitis, unspecified, J02.9 - Acute pharyngitis, unspecif Cough, E86.0 - Dehydration

Management plan (Services inside the clinic including injections and investigations)

2849-100143-0991, 5% W/V DEXTROSE 0.45% & W/V SODIUM CHLORIDE , Pharmacy,0125-122107-1022, DEXAMETHASONE S PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION , Pharmacy,0005-111805-1021, CHLOROHISTOL 10MG Pharmacy,0195-107704-0801, CEFTRIAXONE-TABUK IV , Pharmacy,96365, IV Infusion Therapy/Prophylaxis /Dx 1St To 1 Hr - (AE Co.Pay,96374, THER/PROPH/DIAG INJ IV PUSH , Co.Pay,94640, AIRWAY INHALATIC Pharmacy,0006-124513-2071, VENTOLIN NEBULES , Pharmacy,9, Consultation Gp ,

Doctor's Name: Sajid Sanaullah signature with seal:

Dr. Sajid Sanaull
General Practiti
DHA No: 0575821
PESHAWAR MEDICAL
DUBAI - U.A.

Diagnostic Procedures referred outside:

I hereby authorize the physician, Hospital or pharmacy to file a claim for medical services on my behalf and I confirm that the ab mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy o person who has provided medical services to me to furnish any and all information with regard to any medical history, medical c medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 24-Oct-2023

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quant
(SALBUTAMOL(AS SULPHATE) : 1 MG/ML) NEBULIZING SOLUTION	NEBULIZING SOLUTION (2.5ML X 40, NEBULES)	5	20
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) TABLETS	TABLETS (20S, BLISTER PACK)	7	14
(MONTELUKAST (AS SODIUM) : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (100S, BLISTER PACK)	14	14

Medicine	Dose	Duration	Quant
(FEXOFENADINE HCL : 120 MG) FILM COATED TABLETS	FILM COATED TABLETS (15S, BLISTER PACK)	5	10
(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION	SUSPENSION FOR NEBULIZATION (2ML X 20, UNIT)	5	10